

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/ 568829

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		4		1		1
6		4		1		1
7		4		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14	1		1		1	
15		1		1		1
16	1		1		1	
17		1		1		1
18		1		1		1
19	1		1		1	
20		1		1		1
21		1		1		1
22		1		1		1
23		4		1		1
24		4		1		1
25		4		1		1
26		1		1		1
27		1		1		1
28		1		1		1
29		1		1		1
30		1		1		1
31		1		1		1
32	1		1		1	
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36	1		1		1	
37		1		1		1
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50						
TOTAL IND.	7	↓	7	↓	7	↓
TOTAL DEP.	48	←	30	←	37	←
TOTAL CLAIMS	55		37		42	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY